



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH – V BAIN
500 E BORDER 11TH FLOOR
ARLINGTON TX 76010

Carrier's Austin Representative Box

Box Number 43

Respondent Name

TARRANT COUNTY

MFDR Date Received

JANUARY 23, 2012

MFDR Tracking Number

M4-12-1843-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as Listed on the Table of Disputed Services: "BILL WAS INITIALLY MLD TO PATIENT ON 6/24/11. ON 9/12/11 RCVD CALL FROM PATIENT STATING W/C AND SHLD BE MLD TO SORM. WE BILLED SORM ON 9/19/11 ELECTRONICALLY. THE ELECTRONIC BILLING REJECTED THEREFORE WE MLD BILL TO SORM ON 10/17/11 WITH PROOF OF TIMELY FILING. ON 11/8/11 BILL DENIED FOR TIMELY FILING. RECONSIDERATION LTR SENT W/PROOF AND AND BILL STILL DENIED PAYMENT."

Amount in Dispute: \$409.98

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: A position summary was not submitted by the respondent.

Response Submitted by: JI Companies, P. O. Box 26655, Austin, TX 78755

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2011	Outpatient Hospital Services	\$409.98	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a

health care provider.

6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 11, 2011

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME.
- PROOF OF TIMELY FILING NOT SUBSTANTIATED
- PER RULE 133.20; A HEALTH CARE PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICES ARE PROVIDED.

Issues

1. Did the requestor submit the medical bill later than the 95th day after the date the services were provided?
2. Did the provider, within the prescribed period, erroneously file for reimbursement with a workers' compensation insurance carrier other than the insurance carrier liable for the payment?
3. Did the provider submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider was notified of the erroneous submission of the claim?
4. Is the requestor entitled to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. No documentation was found to support that the requestor submitted the medical bill to the correct provider within 95 days from the date of service. The Division concludes that the requestor has not met the requirements of 28 Texas Administrative Code §133.20(b).
2. Texas Labor Code §408.0272(b) states, in pertinent part, that "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:...(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title." Review of the submitted information finds documentation to support that the requestor erroneously filed for reimbursement with JI Specialty Companies, a workers' compensation insurance carrier other than the insurance carrier liable for the payment. Further review finds that the claim was received by the incorrect carrier within 95 days from the disputed date of service. The Division therefore concludes that the requestor has met one of the exceptions provided in Texas Labor Code §408.0272(b) to the timely filing requirements of 28 Texas Administrative Code §133.20, and thus has not forfeited the right to reimbursement for that claim solely for failure to submit the medical bill within 95 days from the date of service.
3. Texas Labor Code §408.027(c) states that "Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95th days after the date the provider is notified of the provider's erroneous submission of the claim." The documentation supports that State Office Risk Management (SORM) received the first complete medical bill from the health care provider September 13, 2011. However, no documentation was submitted to establish on what date the health care provider was notified of the erroneous submission of the original bill to JI Specialty Companies. The requestor did not provide a copy of an explanation of benefits from JI Specialty Companies, a notification letter, returned claim, records of phone conversations, or any other documentation to indicate what date the provider learned that JI Specialty Companies was the incorrect carrier. Without this information, the Division cannot determine whether the provider met the timely filing requirements of Texas Labor Code §408.0272(c). The Division therefore concludes that the requestor has presented insufficient evidence to support that the health care provider submitted the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider was notified of the provider's erroneous submission of the claim.
4. The insurance carrier's denial of reimbursement based on untimely filing is supported. Although the requestor has met one of the exceptions for untimely filing provided by Texas Labor Code §408.0272(b), the requestor failed to support that they met the additional timely filing requirement of §408.027(c).

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	November 1, 2012 Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.